



CALIFORNIA STATE ATHLETIC COMMISSION

1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197
 5757 W. CENTURY BLVD., GF-16, LOS ANGELES, CA 90045 (310) 641-8668 FAX (310) 641-8516



REPORT OF EYE EXAMINATION FOR PROFESSIONAL BOXER/MARTIAL ARTS FIGHTER BY AN OPHTHALMOLOGIST

FULL NAME: First	Middle	Last	DATE OF BIRTH
ADDRESS: Street	City	State	Zip Code

HISTORY - If possible provide the following information:

Eye disease _____ Eye Injury _____
 List nature of diseases or injuries: _____
 Name and home town of physician in charge: _____
 Has applicant ever been operated on for detached retina of either eye? (If yes, please list date and outcome of surgery) _____

EXAMINATION

VISION: Without / With Glasses REFRACTION: If either eye is 20/40 or worse:
 Right: _____ / _____ Right _____ Sph _____ Cyl x _____ Acuity _____
 Left: _____ / _____ Left _____ Sph _____ Cyl x _____ Acuity _____

Remarks: _____ Intraocular: Right _____ mmHg
 _____ Tension: Left _____ mmHg
 _____ Motility: Normal _____ Abnormal _____
 _____ Binocular Vision: Normal _____ Abnormal _____

SLIT LAMP EXAM	NORMAL Right/Left	ABNORMAL Right/Left	SPECIFY ABNORMALITIES
Conjunctiva	/	/	
Cornea: _____	/	/	
Iris/Pupil _____	/	/	
Lens _____	/	/	
Eyelids _____	/	/	

INDIRECT OPHTHALMOSCOPY WITH SCLERAL DEPRESSION (Dilated Pupil)	NORMAL Right/Left	ABNORMAL Right/Left	SPECIFY ABNORMALITIES
Disc _____	/	/	
Maouls _____	/	/	
Vessels _____	/	/	
Peripheral Retina _____	/	/	

PHYSICIAN'S REMARKS:

(PLEASE READ AND SIGN ON REVERSE SIDE OF EXAM)

The commission shall deny, suspend, revoke, or place restrictions on the license of a professional or amateur

boxer or martial arts/mixed martial arts fighter because of a medical or visual condition, including but not limited to one of the following:

- 1) Uncorrected visual acuity of less than 20/200 in either eye or 20/80 with both eyes;
- 2) Corrected visual acuity of less than 20/80 in either eye, regardless of its cause;
- 3) A visual field of 60 degrees or less extending over one or more quadrants of the visual field;
- 4) Presence or history of retinal detachment or retinal tear unless treated by an ophthalmologist and then approved by an ophthalmologist specified by the commission who then assesses that the boxer/fighter is at no significant risk of further injury to the retina if boxing/martial arts/mixed martial arts fighting is resumed. Such assessment shall occur both within five days before and five days after the contest;
- 5) Presence of primary or secondary glaucoma, whether or not such condition has been treated;
- 6) Presence of aphakia, pseudophakia, or dislocated lens in either eye;
- 7) Any other visual condition which the commission determines would prevent the applicant or licensee from safely engaging in boxing activities.

The examining physician is requested to mail a copy of any report, directly to the commission, of an applicant that has a condition that may preclude him/her from being licensed.

PHYSICIAN:

I have read the above criteria and, in accordance with the vision requirements as stated therein, have examined the applicant named on the other side of this form and I ☐ DO NOT FIND ☐ DO FIND a condition that would preclude him/her from being licensed as a ☐ Professional Boxer ☐ Martial Arts Fighter

The California State Athletic Commission is a public health authority, as defined in 45 CFR 164.501, exempt from HIPAA, and is authorized by Business and Professions Code Section 18600, et seq to collect information about the applicant's physical condition.

Physician's name & license number (please print)

Physician's Signature

Street Address

Date

City

State

Zip Code

Phone Number

APPLICANT:

I declare under penalty of perjury under the laws of the State of California that the foregoing information is true and correct. Further, I realize that any intentional misrepresentation may result in disciplinary action against my license.

AUTHORIZATION FOR RELEASE:

I AUTHORIZE the State Athletic Commission under subdivision (b) of Section 1798.24 of the Civil Code to RELEASE any medical information or other personal information with respect to my status and licensure as a professional boxer and/or martial arts/mixed martial arts fighter which may be contained in any of its records. The Commission agrees to release this information only to those promoters, matchmakers, athletic commissions of other jurisdictions, or professional boxing associations which have a need to know the information requested as determined by the Commission. I agree that a photographic copy of this authorization shall be valid as the original. I agree that this Authorization will be valid until it expires one year after the expiration of my license on the 31st of December of this year unless I renew my license and sign another Authorization.

DATE

SIGNATURE OF BOXER/FIGHTER

LOCATION

NAME PRINTED